Up to PAR

A Publication of the Baltimore City Health Department

Committed to HealtH PoliCy, advoCaCy and ReseaRCH

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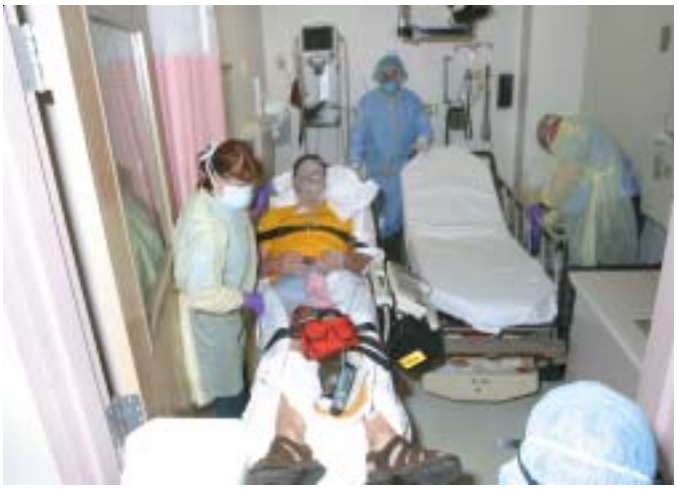
Regional Exercise Prepares Baltimore for Possible Bioterrorist Attack

At 7:00 am on July 9, 2003, several cases of *botulinum toxin* were reported to local health departments throughout the Baltimore Metropolitan Region. In Baltimore City, the Commissioner of Health already had a high level of suspicion that a biological attack may be underway and he called an emergency staff meeting shortly after contacting the Mayor's Office. Multiple cases of *botulinum toxin* being reported to the health department in such a short period of time was highly unusual. Then, at 9:00 am, a 35 year-old male arrived via City medic transport at a Baltimore City emergency department (ED) with a fever, body rash and ashen face. Within minutes of arrival to the ED, smallpox was suspected and the emergency room was quarantined using the hospital's Isolation and Quarantine Protocol. The Harbor Biological Attack Simulated Event (Harbor B.A.S.E.) was now in full swing.



A bioterrorism drill "victim" is treated at a Baltimore hospital. Many area health professionals gained valuable experience preparing for a possible bioterrorist attack.

Harbor B.A.S.E. was a full-scale biological field exercise sponsored by the City of Baltimore and Maryland Emergency Management Agency (MEMA). The overall goal of the exercise was to improve collaborative emergency response systems in the Baltimore Metro region. The exercise was the result of a precedent-setting collaboration and nine months of extensive planning and training between federal, state and local jurisdictions. The exact date of the event was left unknown for participants.

During the 36-hour event, a two-pronged bioterrorism attack was enacted involving both

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Baltimore has lowest infant mortality rate in City history

Infant mortality in Baltimore City is at an all-time low. Preliminary numbers show that the rate for 2002 is 10.4 per 1,000 births, down from 13.5 in 1999. Additionally, for the first time in history, Baltimore's infant mortality rate for African-Americans, 12.5/1,000, is lower than the projected national rate of 13.2/1,000, and the rate for Caucasians, 4.8/1,000, is also lower than the projected national rate of 5.4/1,000.

Baltimore's rates of infant mortality have historically been higher than those of the nation as a whole. Infant mortality measures the number of children who die in their first year of life and is a universally understood measure of the health and well being of a population.

The most prevalent cause of infant mortality is prematurity, which

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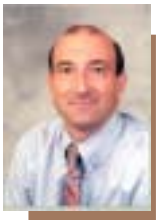
Commissioner's Corner



Welcome to the first issue of Up to PAR, a publication of the Baltimore City Health Department (BCHD). As the local public health authority for the City of Baltimore, BCHD has been at the forefront of progressive policy development, advocacy and research. BCHD is recognized nationally as a leader in substance abuse treatment, bioterrorism preparedness, men's health and health status surveillance. Up to PAR is a way to communicate these and many other efforts of BCHD and its partners in order to inform health policy, practice and research.

Founded in 1793 in response to an outbreak of yellow fever, the BCHD is the oldest local health department in the country. It is the Department's vision to serve as an architect and catalyst for needed policy development and change in the health and human services of Baltimore City. Our primary mission is to provide all Baltimoreans access to comprehensive, preventive quality health services and care, as well as to ensure a healthy environment. Over the past 11 years as Health Commissioner, I've witnessed the value of collaboration and partnership within and across municipalities in reaching this mission. Our partners include the communities that we serve, policy makers, elected officials, provider organizations, research institutions, local and national foundations, and other local health departments. This collaboration is enhanced when we communicate our successes as well as our challenges.

Leader in progressive policy development, advocacy and research

With every issue of Up to PAR we highlight our approaches to critical urban health challenges. As the nation continues its efforts in bolstering homeland security, cities are at the forefront of emergency response preparedness activities. This issue's lead article shares how the Harbor Biological Attack Simulated Event helped increase public health preparedness for the Baltimore area. Also in this issue we highlight the strategies we used to achieve the lowest infant mortality rate in the City's history, as well as decrease the incidence of lead poisoning, and the epidemic of HIV in Baltimore City. We've included information on two of our most recent intiatives, including Operation Safe Kids, a youth violence prevention program, and Code Blue, a program to protect our homeless population during the winter. We offer these strategies with the hope that it will inform and encourage you in your own work. I invite you to share your organization's experiences with us, so that we too can benefit from your strategies.

-Peter Beilenson, M.D., M.P.H.

Infant mortality (continued from pg. 1)

affects African-Americans at a higher rate than Caucasians. Causes of prematurity are complex and wide-ranging, but research indicates that decreasing infections during pregnancy, including sexually transmitted infections, and providing access to treatment for pregnant addicts are among the best strategies for Baltimore.

Baltimore provided pregnant women with home visits to address these issues and to make sure that they receive the care they need. Women with untreated chronic diseases, such as high blood pressure and diabetes, and those who have previously lost a baby, are also at high risk.

Preventing Sudden Infant Death Syndrome and Sudden Unexplained Death in Infancy which is SIDS-like cases where suffocation cannot be ruled out, are also priorities for improving infant survival in the City. The City's strategy to reduce mortality was in part informed by the research of the Baltimore City Perinatal Systems Review (BCPSR). BCPSR is charged with identifying and addressing the social and medical factors associated with pregnancy outcomes. After examining data from 204 infant deaths, conducting in-depth discussion of some cases, which included maternal interviews, they developed recommendations based on the findings from the analysis of the cases.

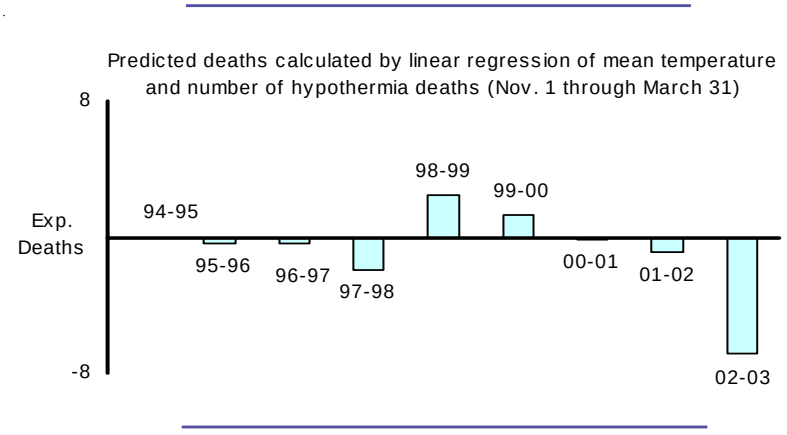
Major findings included: 46 percent of the cases reviewed had one or more perinatal infections; many of the women had not planned and were not prepared for their pregnancies; 33 percent of the mothers had experienced a previous infant death and 13 percent of the cases had no prenatal care.

From these findings, the following priorities were established to bring Baltimore to and eventually under the national level of infant mortality rates: providing care following a perinatal loss to increase the chances of a subsequent healthy pregnancy; reducing perinatal infections; educating about family planning to prepare women for pregnancy and offering early and adequate prenatal care.

- Lisa Firth, M.B., M.P.H., Monique Vinscon

Code Blue: Helping Baltimore record the lowest number of winter hyporthermia deaths in the past decade among homeless during Maryland's coldest winter in 25 years

Over the past 10 years 77 Baltimoreans died for lack of a regular place to stay during the coldest winter months. Though the City steadily increased the availability of emergency resources during that period, Baltimore shelters turned away 15,684 homeless individuals in 2002, up 130% from the previous year. Too often those unable to find shelter are those most in need of help: individuals with multiple diagnoses including addiction, mental illness and complicated medical problems. In collaboration with the Department of Housing and Community Development's Office of Homeless Services, *Code Blue* was implemented by BCHD in the winter of 2002-2003 to provide emergency services in a low-barrier setting to a homeless population not served through the traditional shelter system.



Code Blue's inaugural winter was among the most extreme in Baltimore's history. The President's Day storm of 2003 (February 15-18) produced a record 28.2 inches of snow.

The experiences of prior years tells us that winters of this magnitude result in over 12 deaths due to exposure and hypothermia. Yet, in a year that was much colder than usual, in which we broke a 104-year record as the "snowiest February" in Baltimore City, only 4 deaths were recorded by the Medical Examiner's office.

The criteria for *Code Blue* activation is temperatures of 25° F with winds of 15 mph. Given the generally mild temperatures of mid-Atlantic states, the Health Department estimated that *Code Blue* would be activated between 15–20 nights each winter. Due to last year's harsh weather, the *Code Blue* shelter was open a total of 34 times and served over 100 clients each night.

Mental health and substance abuse staff, from Baltimore Mental Health Systems and Health Care for the Homeless respectively, provide counseling and referrals on-site. As a new addition this year (2003-2004), Baltimore City's Office of Employment Development will provide employment counseling because a survey of last year's clients showed that over 30% of *Code Blue* clients went to a job the next morning and a significant number were seeking employment. A Health Department nursing team manages the *Code Blue* shelter and is available to provide health assessment/treatment for cold-related injury.

The Health Department looks forward to providing quality care and services again this year through the *Code Blue* emergency shelter and is especially pleased with the eager participation of numerous City agencies, especially the Baltimore City Police Department who will join the *Code Blue* team this year to provide security at the shelter.

- Melisa Lindamood, M.P.S.

CODE BLUE

Extreme Weather Emergency Services

Health and human service providers distribute outreach cards to those experiencing homelessness in the event they need shelter during the winter season. On the reverse side of the card there is a listing of shelters, their locations, and the City's 311 hotline if they need assistance, outreach, or transportation to the Code Blue Shelter.

Fighting HIV: new strategies, more outreach help Baltimore City battle a changing epidemic

"JC's" Story: A Continuum of Care

JC is a 19 year-old African American, who identifies himself as a heterosexual. He has had more than 10 female sexual partners since he began having sex at the age of 12, and denies ever having had any illness or disease. He appears to be healthy, athletic and works while attending college part-time.

While at a City parade he browses the booths that are set up and takes several condoms from an HIV program table, drops the literature in the trash, and holds onto the free phone card and water bottle with the BCHD logo on it. While he identifies as a heterosexual, he is in a relationship with an older man, and begins to have unprotected sexual intercourse with him. He maintains a heterosexual profile for all his family and friends, but his same-sex preferences are kept to himself. After seeing part of a City cable show on the state of Baltimore City regarding STDs and HIV/AIDS, he realizes that he has a number of risk factors for STDs and HIV.

He decides one day to go to the Health Department's STD Clinic to be tested for HIV. The clinic is busy that day and he has to unexpectedly leave, but later that week while at a city market he sees another booth with outreach workers from a mobile counseling and testing van and agrees to get tested for HIV on the van parked outside. As part of a "Real Rapid Test" protocol his finger stick shows that he is infected with HIV.

Thirty minutes later, he is counseled regarding his HIV status. The trained counselor takes him through the emotional reaction that this news brings and determines his medical and social service needs. He has no medical insurance so he is eligible for Ryan White Title I funded services, and thus his journey begins into a continuum of care that BCHD has been building with community partners for the last 10 years.

In Baltimore City, the prevalence of HIV/AIDS is among the highest of any metropolitan area in the country at 50/100,000. The fictitious story of JC emphasizes the need that Baltimore City Health Department's programs attempt to address through a continuum of care provided by our STD and HIV/AIDS programs. These programs provide community education, counseling and testing, as well as access to treatment for persons infected with STDs and HIV/AIDS.

> Baltimore City's prevalence of HIV/AIDS is among the highest of any metropolitan area in the country

Changing Treatment to Work Outward

In the past decade, BCHD has improved its programs to meet the needs of the residents it serves. Over the last seven years, BCHD's HIV prevention programs have transitioned from providing street-level outreach to high-risk populations, to providing a more behavioral science-based approach to HIV prevention. The shift is indicative of a national trend, and reflects an evolving response to the many challenges that the HIV/AIDS epidemic has posed over the past 20 years. Likewise, a transition has taken place in the administration of the STD Prevention and Control Programs. Clinicians and epidemiologists work from an infected person "outward" to find and treat their sex partners, to map disease on a community level and work with key community players identifying methods to control and prevent disease (working "inwards").

While the former approach remains an integral component of a successful STD Control Program, in the 1990s it became apparent that in order to sustain reductions in syphilis and other STDs there must be a level of community involvement. The focus on addressing the needs of the community is evidenced by the Ujima Demonstration Project, a third HIV and STD program offered by BCHD, in partnership with Johns Hopkins University and the State AIDS Administration. This project utilizes a mobile van that provides counseling, testing and intervention services for sexually transmitted diseases, including HIV.

Counseling and Testing Services

At the forefront of STD and HIV prevention are counseling and testing services, which provide a convenient opportunity for

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Lead Testing Up, Lead Poisoning Down

In July 1999, the Health Department launched a three-pronged campaign to eliminate childhood lead poisoning. The strategy was simple: test every child to identify problems before they become life-threatening, enforce existing laws regarding lead-safe housing and assist property owners to make children's homes lead-safe.

All three of these efforts have been a resounding success. Since 2000, 534 housing units have been abated or have received funding to be abated due to increased enforcement, compared to zero abatements due to enforcement in the previous decade. Additionally, over 800 homes have either been abated or have received funding to be abated in the coming months through our lead abatement grant program.

The ultimate proof of this success is the reduction of children poisoned by lead. Since July 1999, the number of children with elevated blood levels (>10 μ/dl) has fallen by almost 45 percent, the number of poisoned children (blood lead level > 15 μ /dl) has fallen over 50 percent and the number of seriously poisoned children (blood lead level > 20 μ/dl) has fallen over 60 percent. Far too many children are still being exposed to harmful levels of lead, but as these recent strides show, the City is on track to eliminate lead poisoning as a threat to children.

- Joanne Yeager Dull, J.D.

OSK: Collaboration between key City agencies gives fresh approach to juvenile violence prevention

Between 1999 and 2002, 464 youth under the age of 18 were shot and 90 were killed in Baltimore City. In response to this increase in juvenile violent crime, the Baltimore City Health Department has designed and implemented a comprehensive and collaborative public health intervention that identifies and serves those youth most at risk.

Recognizing that juvenile violence is a public health issue that impacts not only young victims but also their families and communities, Operation Safe Kids (OSK) is addressing the problem by employing a holistic, community-based approach that capitalizes on the resources and expertise of a multitude of service providers as well as both City and state agencies. BCHD has secured high-level collaboration with the Baltimore City Police Department (BCPD), Maryland Department of Juvenile Services (DJS), the Office of the State's Attorney (OSA), the Mayor's Office of Employment Development (OED), the Baltimore City Public School System (BCPSS), Baltimore City Department of Recreation and Parks (BCRP), and the Office of the Public Defender (OPD).

OSK serves youth ages 13-17 who live in east and west Baltimore target areas and have multiple arrests for crimes of violence and/or have a demonstrated history of involvement in the drug trade. Through a combination of increased supervision and swift connection to relevant social services, participants in OSK are assigned both to a team of OSK Youth Workers and an Operation Night Light (ONL) team made up of a BCPD police officer and a DJS case manager.

OSK Youth Workers and DJS Case Managers jointly provide services, ensuring the youth meet the terms of probation, enroll in and attend education or job training programs, receive mental health and/or substance abuse treatment as necessary, and receive family and supportive services if needed. Each target area has a team of three to four youth workers who serve 30-45 youth.

Youth Workers assess the individual and family needs of each youth and develop an individualized, comprehensive case management plan in coordination with the DJS Case Manager and ancillary service staff. Based on the case management plan, youth workers will rapidly connect the youth to the appropriate services, arranging transportation as needed. Services are customized to the needs of the youth, but the project particularly emphasizes education, employment, health (including mental health and substance abuse) and recreation.

Youth workers make face-to-face contact with each youth four times per week and serve as advocates in court if needed. Youth Workers work closely with DJS Case Managers, the police, and schools to continuously assess progress and ensure a coordinated response to any emergent or ongoing issues.

Curfew compliance went from 38 percent in November '02 to 59 percent in September '03.

Operating since Fall of 2002, youth in OSK have improved in school attendance from 49 percent in 2001-2001 to 54 percent in 2002-2003; 57 percent of youth enrolled obtained summer employment; and youth increased curfew compliance from 38 percent in November 2002 to 59 percent in September 2003.

Merely reducing juvenile crime in the short term cannot be considered a success unless it is accompanied by successful rehabilitation of juvenile offenders in the community. The collaboration of several city, state, and non-governmental agencies should ensure that these often competing priorities are balanced and addressed based on best practices from the areas of public health, social service and criminal justice.

- Catherine Fine, M.P.H.

OSK Measures of Accountability

OSK measures the following to determine the success of the program:

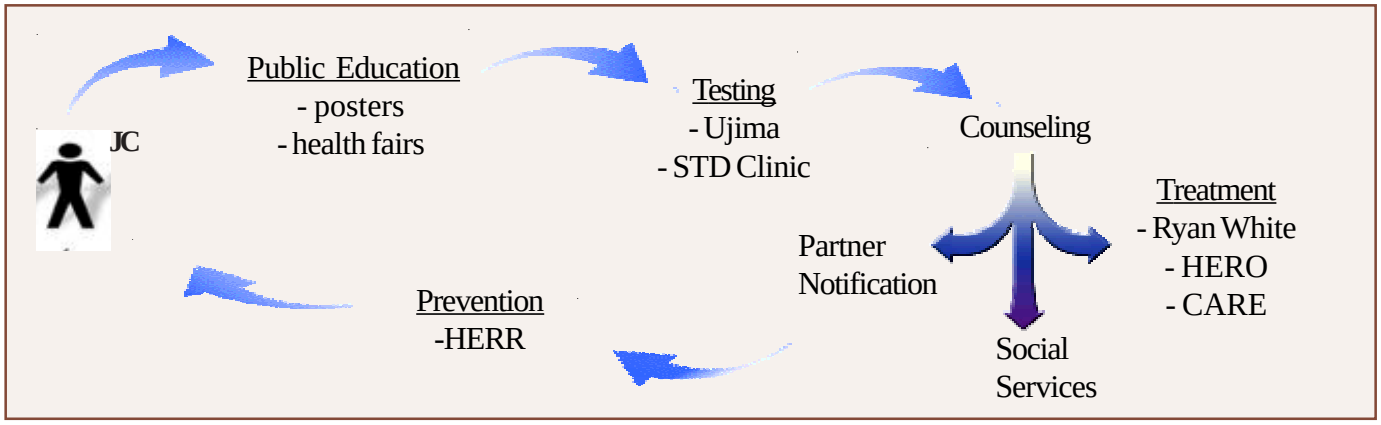
- Number of juvenile homicides
- Recidivism of participants 3,6,12 and 24 months after their enrollment in the program
- Number of participants enrolled in school, GED classes, and job training programs.
- Number of participants acquiring jobs.
- Number of participants obtaining substance abuse and mental health treatment of violent crimes committed by and against juveniles city-wide.

Juvenile offenders continue their education

In July of this year, the Department of Labor awarded OSK a supplemental grant to establish a diploma completion and credit recovery program for out-of-school youth. OSK has partnered with Baltimore City Community College (BCCC) to create OSK@BCCC, which began providing services in October. OSK@BCCC offers youth who have left school or who are several grade levels behind an opportunity to earn credits for high school completion, train for a GED, or obtain basic skills that will allow them to begin performing at grade level. The program integrates computer literacy, life skills, and employability training into every student's curriculum, with the goal of preparing them to enter the workforce academically and socially prepared to succeed.

BCHD, community-based organizations collaborate to provide HIV services (continued from pg. 4)

JC experiences HIV wrap around of services



persons to learn their curent disease status. The goal of the counseling and testing service is to identify persons who are unaware, misinformed or in denial of their risk for STD and HIV infection facilitating an accurate perception of risk. Once the status of an individual is determined and verified, the appropriate care track is accessed and followed.

Health Care for Low-Income Persons Living with HIV

HIV positive people without access to medical care are referred to Ryan White Title I primary health care clinics and HERO (Health Education Resource Organization), a community-based organization that provides secondary prevention services. The Health Department has the unique role of administering Title I funds to the Baltimore Eligible Metropolitan Area (EMA) since 1992 through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Ryan White Title I programs ensure access to and improve the quality and availability of medical care for low-income, uninsured and underinsured individuals infected and affected by the HIV disease. The CARE Act is called the "payer of last resort" because it pays for and fills gaps in care not covered by other resources. Services provided under Ryan White Title I include, but are not limited to, housing, transportation, food and nutrition, emergency financial assistance, adherence, and hospice care. BCHD has established a very comprehensive service delivery system that includes over 60 local community-based organizations, hospitals, and community-based clinics. Among the organizations providing medical care services are two renowned university-based medical centers: Johns Hopkins University and the University of Maryland. Auxiliary services, such as substance abuse, mental health, dental, home health and case management are integrated into all medical care programs.

HIV Education and Prevention

Whether the person is HIV positive or negative, prevention service delivery is tailored to the needs and risks of the client. Assessment tools are administered that will determine the most effective point of entry into care and prevention services.

HIV negative persons benefit from the Health Education/Risk Reduction (HERR) Program, which seeks to educate and promote production of healthy behavior practice that will combat communicable disease and infection. Building the capacity of the community to design, deliver and evaluate their own interventions that address their community members' HIV infection risk is integral to health education. The HERR Program educates not only about HIV, but it also educates about other sexually transmitted diseases, TB and hepatitis. BCHD recognizes that in order to most effectively address disease, there must be internal and external collaboration. BCHD has successfully collaborated with six community-based organizations to expand their HIV efforts into STD control by participating in the syphilis elimination efforts. These organizations were chosen because of their location in the areas most affected by STDs and the quality of their response to the request for proposals the Health Department developed. This has been a critical component of the syphilis elimination effort. Through collaborative efforts, these organizations have been involved in numerous community events such as health fairs and parades. The program has also been involved in the production of an STD prevention video, syphilis and HIV-testing, and making referrals for services such as treatment for HIV positive persons. In addition, BCHD has begun to collaborate with Baltimore City Healthy Start to ensure that all of their clients in a particular neighborhood are offered syphilis testing.

Whether a person is insured or uninsured the Health Department wants to make sure all persons in Baltimore City are able to receive quality medical care. By providing HIV wrap around services, BCHD increases the probability of bringing residents like JC into care.

- Pierre Vigilance, M.D, M.P.H.

Hepatitis C training session educates, informs

At least 95,400 persons in Maryland are estimated to be infected by Hepatitis C (HCV) based on figures from the Maryland Department of Health and Mental Hygiene. Hepatitis C is also a growing problem in Baltimore City with approximately 5,100 lab-reported cases in 2002. One way to decrease the unprecedented numbers of Hepatitis C cases in Baltimore City is through provider and community education.

BCHD sponsored a Hepatitis C Educational Training Session on Aug. 7, 2003. The training was funded through a grant from the National Association of City and County Health Officials. Over 150 people from substance abuse treatment, corrections, and HIV counseling attended the all-day training. Topics discussed included: disease management and prevention of Hepatitis C, Hepatitis C in the correctional setting, HCV/HIV co-infection and Hepatitis C and drug users.

The goal for the training sessions was for attendees to be able to explain Hepatitis C to their clients in the same way that they discuss STDs and HIV. With over 90 people on a waiting list to attend this training, more Hepatitis C training sessions are needed in the future to educate and increase awareness of this issue.

-Sherry Johnson, M.P.H.

Harbor B.A.S.E. simulates event to help prepare Baltimore for possible bioterrorism attack (continued from pg. 1)

botulinum toxin and smallpox. An emergency response clinic was set up, as well as an "ill" clinic for those with symptoms. Planners deliberately injected "red herrings" to test responders' ability to recognize and differentiate symptoms and diseases. Several mock press conferences were conducted also to test the Mayor and the Health Commissioner's readiness to answer media and public questions during a crisis situation.

A "patient" receives a smallpox vaccination as part of a Harbor B.A.S.E. simulated mass innoculation.

Participating organizations included all Baltimore City government agencies, the Maryland Department of Health and Mental Hygiene, the Maryland Emergency Management Agency, 15 regional hospitals, Baltimore City Medical Society, Civic Works, Baltimore Metropolitan Council, Baltimore Mental Health Systems, Anne Arundel, Baltimore, and Howard County Health Departments and Baltimore Medical Systems Inc.

Since 9/11, federal, state and local officials have considered the Baltimore Metropolitan Region a priority area for bolstering its preparedness and response capacity due to its proximity to D.C., high-level of tourism, and accessibility by water. Baltimore is the first City that has planned for and conducted a preparedness drill that involved the region and the health care community at this level.

The goals of the exercise were threefold: 1) to begin establishing regional emergency communication systems, 2) to enhance the integration of private and public regional response efforts, and 3) improve cross-jurisdictional emergency response support and collaboration.

Over the 9-month planning period, many of the objectives for each of the above stated goals were met through numerous trainings, tabletop exercises, planning sessions, workshops and meetings. For example, in March of 2003, BCHD, the Johns Hopkins Critical Event Preparedness and Response group (CEPAR) sponsored a biological tabletop exercise at the Johns Hopkins University Applied Physics Laboratory (APL). Participants in the session included representation from all city-based hospitals, surrounding jurisdictions and numerous city, state and regional agencies.

Harbor B.A.S.E. included a carefully designed evaluation component. The final evaluation and summary document, compiled with the help of 115 carefully stationed evaluators, was completed in October and distributed to all participants.

The exercise was supported with funds from the City of Baltimore, the Maryland Emergency Management Agency and the Centers for Disease Control and Prevention via the Maryland Department of Health and Mental Hygiene.

Planning has already begun for Primer II and Harbor B.A.S.E. II, which will be conducted in March and May of 2004 respectively.

-Ruth A. Vogel, R.N., C. P.H.

For more information and updates please visit the City's website, www.baltimorecity.gov.

Baltimore enters third phase of the Community Voices Initiative

Baltimore City will receive funding from the W.K. Kellogg Foundation as part of its continued participation in the Foundation's Community Voices: Health Care for the Underserved Initiative. The Initiative, which is managed by the National Center for Primary Care at Morehouse School of Medicine, began in 1999 as a systems-change project to strengthen community support services and to help ensure the survival of safety net providers. In 1999, 13 communities across the nation, including Baltimore, were selected to develop models of best practice for sustained increase to health services for vulnerable populations with a focus on primary care and prevention. Seven other Community Voices sites were selected to enter the third phase of the initiative.

The grant dollars will be used to inform policy and practice in six areas: community health workers, case management, adult oral health care, men's health, mental health and insurance strategies. This will be achieved by disseminating the results of efforts of the previous phases of the initiative over the next four years. One such effort achieved through Baltimore Community Voices and in partnership with the Baltimore City Health Department, Visions for Health Consortium and community residents, is the opening and operation of the nation's first full service primary care facility for men. The Baltimore City Health Departments Men's Health Center has served as a national model as an innovative approach to overcome barriers that men face in order to close significant health disparities between African American males and the rest of the population.

The Baltimore City Health Department will take the lead in managing the initiative's activities in Baltimore. This will include education and outreach on health insurance reform, presentations on barriers men of color face to accessing care, dissemination on best practices in providing care coordination; cost-effectiveness of community health workers; the need for providing cross-disciplinary community-based oral health services and how to provide cost-effective community-based mental health services. Collaborating partners include Maryland Citizen's Health Initiatives Education Fund, Johns Hopkins Urban Health Institute and Baltimore Mental Health Systems.

- Nicole Rolley, Ph.D.

BALTIMORE CITY HEALTH DEPARTMENT

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